Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002729 01/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **401 ST MARY DRIVE EDWARDSVILLE NSG & REHAB CTR** EDWARDSVILLE, IL 62025 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint #1949444/IL118664 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician Attachment A of any accident, injury, or significant change in a Statement of Licensure Violations resident's condition that threatens the health. safety or welfare of a resident, including, but not

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 01/30/20

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	c) Each direct care- be knowledgeable a respective resident	giving staff shall review and about his or her residents' care plan.					
		d procedures shall be lered by the physician.					
	resident's condition, emotional changes, determining care re- further medical eval	vations of changes in a including mental and as a means for analyzing and quired and the need for uation and treatment shall be aff and recorded in the ecord.		8			
	Section 300.3240 A	buse and Neglect					
		ee, administrator, employee shall not abuse or neglect a					
	These regulations w	ere not met as evidence by:				Į.	
	failed to assess, mo resident's pain and p of 1 residents (R2) re sample of 5. This fai pain resulted in the c treatment of right rib (collection of blood in	and record review, the facility nitor, and timely treat potential injury after a fall for 1 eviewed for pain in the in the lure to assess R2's increased delay of diagnosis and fractures and hemothorax in the space between the which can be caused by					
	Findings include:						

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6002729 01/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **401 ST MARY DRIVE EDWARDSVILLE NSG & REHAB CTR EDWARDSVILLE, IL 62025** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 R2's Physician Order Report dated 12/01/2019 to 01/31/2020, documents she has diagnoses of Cerebral infarction, abnormalities of gait and mobility and Vascular dementia. R2's Physician's Order, dated 06/27/2019, documents she can receive Tylenol Extra Strength 500 milligram (mg) oral every 6 hours as needed for pain. R2's Care Plan, dated 07/04/2019, documents, "Meds as ordered and notify dr. (doctor) of unrelieved pain." R2's Care Plan, dated 07/14/2019, documents, "doc (document) falls. bruises, skin tears and c/o (complaints of) pain new onset." R2's Minimum Data Set (MDS), dated 10/23/2019, documents that R2's cognition was severely impaired and that she required supervision and set up help with walking in her room, the hallway and to and from the dining area and activities. On 01/08/2020 at 9:15 AM, R5, R2's roommate, stated "She (R2) was getting up, out of bed and she fell onto the floor. She got herself back up. She walks all the time with her walker." R5 stated that the incident with R2 happened a couple of days before Christmas. On 01/08/2020 at 2:40 PM, V9, Certified Nurse Assistant (CNA), stated that on 12/23/2019 around 12:00 PM, he reported to V6, Licensed Practical Nurse (LPN), that R2 told him that she had fallen that morning, and was having pain to her right side. V9 stated that he observed a bruise area to R2's right upper back. On 01/08/2020 at 12:00 PM, V6, LPN, stated,

"The CNA told me, that day, that she (R2) fell.

	NT OF DEFICIENCIES FOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVI
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	check on her to see (Emergency Room) and she was ok as hall nurse know (V1 busy with my hall, s not really assess her On 01/08/2020 at 3 and V7, LPN, were they were both told and was in pain and	is not around, so I went to a if she didn't need to go to the or was bleeding or anything, far as I could tell. I let the A 1, LPN)." V6 continued, "I was o I just looked at her and did er." 55 PM, V11 stated that she at the nurse's station when by V6, LPN, that R2 had faller I that she (V6) went and I stated V6 told them R2 was			
	"She (R2) asked me lunchtime, to help he because she fell ear	05 PM, V10, CNA, stated, e, on 12/23/2019 around er walk to the bathroom lier that morning and that's . I told (V7) about it."			
	worked afternoons of checked on (R2) are crying, saying she w breath. She was hol-	45 AM, V5, CNA, stated "I on December 23rd. When I ound 2:30 (PM), she was as in pain and short of ding her right side like her Id (V6) and (V7) and (V7) told lered."			
	neither CNAs or V11 R2 had fallen the mo stated that R2 did no and all R2 told her w bad. V7 stated that s	:45 AM, V7 stated that told her during report, that orning of 12/23/2019. V7 of tell her that she had fallen as that she was hurting so the talked to V2, Director of her to get an x-ray for R2.			
	at 3:29 PM, written b	ess Notes, dated 12/23/2019 y V7 documented, "Resident of) pain to right side rib area.			

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	and she could not so (right sided) (Abdor (R2) states that she because her foot go states that she was own. (R2) notes that during the fall. (R2) back pain, and a (HR2's Computed tom from (local hospital) documented, "Impresib fractures including There is a small right effusion/Hemothoral effusion." On 01/08/2020 at 4: she would expect he and start an investig that a resident has frontinued state that to reassess a reside medication. On 01/09/2020 at 9: (MD), stated that she was called to home about R2 and V12 continued to stanurses to call her if a pain and shortness of this would be harm to breathing problems. The facility's policy, 'The facility's policy,'	rography (CT) scan report divided 12/25/2019, dession: 1. Multiple acute right right he eighth to 11th ribs. In pleural Ex. 2. Small pericardial 20 PM, V2, DON, stated that for nurses to assess, monitor diation when a CNA reports allen or is in pain. V2 also she would expect the nurses and if they were given pain 05 AM, V12 Medical Doctor de had not received a call 2019 from the nursing home on 12/25/2019 by the nursing that she ordered an x-ray. That she would expect the de resident is having increased of breath. V12 also stated that bonly if R2 was having "Acute Condition Changes					
	-Clinical Protocol", d "In addition, the nurs	ated March 2018, documents e shall assess and					

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